



## PROOF OF LICENSING

State Form 47871 (R2 / 1-02)

Approved by State Board of Accounts, 1996

### SOCIAL SECURITY NUMBER

This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

Indiana Professional Standards Board  
Division of Licensing  
101 West Ohio Street, Suite 300  
Indianapolis, IN 46204-1953  
Telephone: (317) 232-9010  
Fax: (317) 232-9023  
Office hours: 8:00 a.m. to 4:30 p.m.  
[www.in.gov/psb](http://www.in.gov/psb)

INSTRUCTIONS: *To be completed only if your valid license has been lost or destroyed.*

*Attach to a renewal or duplicate application.*

To the Indiana Professional Standards Board / Public and Agency Support Services:

The State of Indiana issued to \_\_\_\_\_ on \_\_\_\_\_  
Give name exactly as it appears on license

\_\_\_\_\_, \_\_\_\_\_, a \_\_\_\_\_

Serial Number \_\_\_\_\_ of Grade \_\_\_\_\_, on the Basis of \_\_\_\_\_

with the Expiration Date of \_\_\_\_\_. The license has been lost or destroyed.

To the best of my knowledge, it was lost or destroyed in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby swear (*or affirm*) that the above statements are true to the best of my knowledge and belief. I further agree that should the original license be found, it will be returned for cancellation.

Signature of applicant

Address		E-mail
City	State	ZIP code

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public	Date commission expires
Typed or printed name of Notary Public	County of residence

**Must include Notary seal**